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Fax

DREET CORRESPONDENCE ADDRESS (Note: Legibly mark-up with my corrections or use Block I)

23358

08/01/2003

KOREN ANDERSON MOLECULAR PROBES, INC. 29851 WILLOW CREEK ROAD EUGENE, OR 97402-9132

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I hereby certify that this Fee(s) Transmittal is being deposited with the
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envelope addressed to the Box Issue Foe address above, or being facsimile
transmitted to the USPTO, on the date indicated below.

Michael A. Sennett	(Depositor's name)
me a sta	(Signature)
10/27/2003-MS 10/28/2	105 (Date)
	1

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
00/072 323	08/04/2001	Zheniun Diwu	2081.0	7310

TITLE OF INVENTION: DERIVATIVES OF 1,2-DIHYDRO-7-HYDROXYQUINOLINES CONTAINING FUSED RINGS

EXAMINER  EXAMINER  ART UNIT  CLASS-SUBCLASS  POWERS, FIONA  1626  S44-099000  1. Change of correspondence address or Indication of "Fee Address" (37 CFR 1.363).  CFR 1.363.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  CFR 1.363.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  CFR 1.363.  CHANGE OF CORRESPONDENCE (OF Change of Correspondence Address from PTO/SB/122) attached.  CHANGE OF ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assigned data will appear on the parent. Inclusion of assigned data is only appropriate when an assignment have previously aubmitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  MORECULAR Probes, Inc.  Casse sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)  Casse Sheek the appropriate assignee category or categories (will not be printed on the patent)		SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
POWERS, FIONA  1626  544-099000  1. Change of correspondence address or Indication of "Fee Address" (37  CFR 1.363).  1. Change of correspondence address or Indication of "Fee Address" (37  CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  1. The Address form PTO/SB/122) attached.  1. The Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  1. The Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  1. The Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR, alternatively, (2) the name of a single firm (having as a member a registered attached attorney or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assigned data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment have previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (C) Individual Corporation or other private group entity D governments of fee(s) is enclosed.  (E) Publication Fee  (D) Payment by credit card. Form PTO-2038 is attached.	nonprovisional	YES	\$650	\$300	· \$950	11/03/2003
1. Change of correspondence address or Indication of "Fee Address" (37  CPR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment here previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Fugene, OK  Icase check the appropriate assignee category or categories (will not be printed on the patent)  a. The following free(s) are enclosed:  4b. Payment of Fee(s):  (CA) A check in the amount of the fee(s) is enclosed.  4c) Payment by credit card, Form PTO-2038 is attached.	EXAMI	NER	ART UNIT	CLASS-SUBCLASS	•	:
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  D. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment here previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  Molecular Probes, The.  Eugene, Ok  lease check the appropriate assignee category or categories (will not be printed on the patent)  The following fee(s) are enclosed:  4b. Payment of Fee(s):  Playment by credit card, Form PTO-2038 is attached.	POWERS	FIONA	1626	544-09 <del>90</del> 00		
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment had been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Eugene, OR  lease check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government.  The following fee(s) are enclosed:  4b. Payment of Fee(s):  See   A check in the amount of the fee(s) is enclosed.	CFR 1.363).  Change of correspond Address form PTO/SB/I  D "Fee Address" indicat PTO/SB/47; Rev 03-02	ence address (or Change 22) attached. ion (or "Fee Address" Ind	of Correspondence	the names of up to 3 registered or agents OR, alternatively, (2) single firm (having as a mem attorney or agent) and the nar registered patent attorneys or ag	patient attorneys the name of a ber a registered mes of up to 2 cnts. If no name	Staugret
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A check in the amount of the fee(s) is enclosed.  So Publication Fee  Dayment by credit card. Form PTO-2038 is attached.	lease check the appropriat	c assignee category or ca	egories (will not be printed	d on the patent) 🚨 individual	Corporation or other private	group entity 🗅 governme
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for FY 2003	•		Named I	Invent		<del></del> -		
Effective 01/01/2003. Palent fees are subject to annual revision.			iner Na		Flona Powers			
Applicant claims small entity status. See 37 CFR 1.27		Art U		ille	1626			
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Name  The Commissioner is authorized to: (check all that apply)	105	3 130	1053		ion-English specification or filing a request for ex parte reexamination			
Charge fee(a) indicated below Credit any overpayments	180		į į		Requesting publication of SIR prior to			
Charge any additional fee(a) during the pendency of this application				E	xaminer action	┝╾÷		
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FEE CALCULATION	125	110	2251	65 E	Extension for reply within first month	,		
1. BASIC FILING FEE	125	2 410	2252	205	Extension for reply within second month			
Large Entity Small Entity	125		2253		Extension for reply within third month	<b></b>		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	125	•	2254		Extension for reply within fourth month			
1001 750 2001 375 Utility filing fee		1,970	2255		Extension for reply within lifth month			
1002 330 2002 166 Design filing fee	140		2401		Notice of Appeal Filing a brief in support of an appeal			
1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee	140		2403		Request for oral hearing			
1005 160 2005 80 Provisional filing fee	145				Petition to institute a public use proceeding	:		
SUBTOTAL (1) (S) 0.00	145	2 110	2452	55 F	Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	145	3 1,300	2453	650	Petition to revive - unintentional			
Fee from	160		2501		Utility issue fee (or relssue)	1330		
Extra Claims below Fee Paid  Total Claims .20** = X	150 150		2502 2503		Design issue fee Plant issue fee			
Independent -3** X =	146		1460		Petitions to the Commissioner			
Multiple Dependent =	180		1807		Processing fee under 37 CFR 1.17(q)			
Large Entity   Small Entity	180	3 180	1806		Submission of Information Disclosure Stmt			
Fee Fee Fee <u>Fee Description</u> Code (\$)   Code (\$)	802	1 40	8021	40 5	Recording each patent assignment per property (times number of properties)			
1202 18 2202 8 Claims in excess of 20	180	9 750	2809	•	Filing a submission after final rejection			
1201 84 2201 42 Independent claims in excess of 3				(	(37 CFR 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Relssue independent claims	181	750	2810		For each additional invention to be examined (37 CFR 1.129(b))			
1204 84 2204 42 Reissus independent claims over original patent	180	1 750	2801	375	Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissus dalms in excess of 20 and over original patent	180	2 900	1802		Request for expedited examination of a design application			
	Oth	er fee (sp	ecify)		ication fee	300		
SUBTOTAL (2) (\$) 0.00		, ,	Basic Fi			0.00		
SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·		(Complete (if applicable)			

SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·	(Complete (	if applicable)	
Name (Print/Type)	Koren J. Anderson	Registration No. (Attomow/Agent)	51,061	Telephone (	541-335-0203	
Signature	noise. I. Anderson			Date	October 28, 2003	

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Molecular Probes, Inc. 29851 Willow Creek Rd. • Eugene, OR 97402 (541) 465-8300 • Fax (541) 335-0188 • www.probes.com

## **FAX Transmission Sheet**

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10/28/03

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Michael A. Sennett

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Serial No.: 09/922,333

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